



STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS
1951 West Camelback Road, Suite 330 · Phoenix, Arizona 85015
Telephone 602.864.5088 · Fax 602.864.5099

2016
CHIROPRACTIC ACTIVE LICENSE RENEWAL APPLICATION

YOUR LICENSE EXPIRES ON DECEMBER 31, 2015. To renew your license you must complete and submit this application with the \$170.00 renewal fee. Your **complete** renewal application package must be received or postmarked by December 31, 2015 to avoid the administrative suspension of your license and payment of the **\$200.00** reinstatement fee. You must answer every question.

License No. _____

1. **Mailing Address and Contact Number.** Review the above mailing address and contact number. Enter any changes here.

Street _____
City: _____ State: _____ Zip: _____
Phone: () _____ b. No Change to Mailing Address ☐

NOTE: Your mailing address must be an office address, post office box or mail center box. A home address will not be accepted unless it is your only address. This address and phone number will be a public record and will appear on the Board's website.

2. **Physical Practice Address and Phone Number.** Please choose one of the following:

- a. My physical practice address is the same as my mailing address (above). ☐
b. I do not have a practice address. ☐
c. My physical practice address is not the same as my mailing address (above). I have entered it below. ☐

Clinic Name: _____
Street _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

NOTE: You must provide a physical office address if you are practicing. If you do not, your renewal will be returned to you.

3. **Clinic Owner Information.** Please choose one of the following:

- a. I own my own clinic/practice. ☐
b. I am not currently practicing. ☐
c. The name and professional designation of the owner of my clinic/practice is listed below. ☐

4. **Home Address and Phone Number.** Please provide your physical home address and phone number. This address and phone number will be held confidential unless it is your only address and phone number.

Street _____
City: _____ State: _____ Zip: _____
Phone: () _____

(Over)

For questions 5 through 8 you must write in "Yes" or "No" on the line provided.

5. **Disciplinary Action.** Pursuant to A.R.S. § 32-924 (A)(14) and A.A.C. R4-7-503 (C)(5), has any licensing board **other than** the Arizona Board of Chiropractic Examiners initiated an investigation or taken any disciplinary action against any of your licenses since you last applied for renewal of this license? WRITE IN _____. If "Yes", attach a written explanation and a copy of the final order or settlement agreement.
6. **Arrests.** Pursuant to A.R.S. § 32-3208 (A) and A.A.C. R4-7-503 (C)(6), since you last applied for renewal of this license, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony? WRITE IN _____. If "Yes", attach a written explanation.
7. **Convictions.** Pursuant to A.R.S. § 32-924 (A)(6) and A.A.C. R4-7-503 (C)(6), have you been charged with, convicted of, or pled guilty or nolo contendere to a misdemeanor or felony since you last applied for renewal of this license? WRITE IN _____. If "Yes", attach a written explanation and a copy of the police and court records relating to the conviction.
8. **Continuing Education.** Since January 1, 2015 have you completed at least 12 hours of continuing education as required by A.R.S. § 32-931 and A.A.C. R4-7-801? WRITE IN _____. If "No", your renewal application will be returned to you as incomplete.

Pursuant to A.A.C. R4-7-503 (8), you must write the following information regarding the continuing education you completed on this form: the date or dates on which you attended the continuing education course, the subjects taught during the course, and the accredited college, qualifying association (ACA or ICA) or AZCE approval code affiliated with the course. If the course has an approval code in addition to having an affiliated accredited college (e.g. online courses), you **must** provide the approval code. Please note that all Arizona approval codes begin with AZCE.

Date Completed	Subject	Affiliated Accredited College or Association	AZCE Approval Code

9. **Records Protocol Compliance.** You must indicate your compliance with A.R.S. § 32-3211 by checking at least one of the following boxes. Staff will return your renewal as incomplete if you fail to check at least one of the boxes.
- ☐ I certify that I am aware of the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records and am in compliance with the requirements.
- ☐ I certify that I am exempt from the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records because I am employed by a health care institution as defined in A.R.S. § 36-401.
- ☐ I am not currently practicing.
10. **Fees.** The renewal fee is \$170.00. You must submit a check or money order for \$170.00 with your completed renewal application. Please make your check or money order payable to the Arizona Chiropractic Board.
11. I, the undersigned, do hereby attest that I am the licensee named in this license renewal application and the facts, statements and answers given by me herein (both sides of this form) are true and correct.

Signature: _____

Date: _____